



In-Person Meeting
St Francis Medical Center, Colorado Springs
March 11, 2016

Meeting called to order at 9:30 PM by Co-Facilitator Sara Garrington.

List of 19 participants is attached as enclosure 1.

Agenda for today's meeting was approved with three additional items – (1) solicitation for National Healthcare Disaster Certification, (2) feedback from CEMA Conference, and (3) new Council officer slate

Minutes of the 15 December 2015 teleconference were approved as presented.

Unfinished Business

- (1) Today's Council meeting date was set to coincide with the annual CEMA conference to enable those participating in the conference to remain without requiring another trip.
- (2) CHA's Deb French reported initiating steps to engage with hospital executives but postponed further efforts with developing a related PPT presentation until after the late April Summit.
- (3) Led by CDPHE's grant manager Judy Yockey, a selected group of coalition leads in each region were invited to review the draft of next fiscal year's deliverables. Dissemination of the final version is anticipated in ample time for a related discussion during the next Council meeting via teleconference. See related entry under CDPHE report.
- (4) Council members expressed that recent incremental steps taken, along with conducting the functional exercise and sharing feedback, is improving appreciation for the value of this Council and its potential impact. A corresponding value of coalitions by their stakeholders is a work in progress. Therefore, no input was yet provided by coalition members regarding their top needs and those with which the Council could assist.
- (5) Sara expressed appreciation for those Council members who have provided feedback as to when and where their coalition meetings are held. Those who have not yet responded are encouraged to do so. It is proving helpful to cross-pollinate ideas among healthcare coalitions.
- (6) The Ebola/Emerging Infectious Disease Transport Plan remains a work in progress. At this time, the completion date is unknown.

Reports

- (1) Deb French's update on the ESF-8 Summit included achieving the goal of over 200 registrants from a blending of core agencies in the nine all-hazard regions. A tabletop addressing cross-jurisdictional ESF-8 roles will wrap up this event on the morning of 27 April.

CHA contracted with All Clear Emergency Management Group to assist with organizing the Summit event. Deb publicly expressed appreciation to Lorin Schroeder, who was present as a guest, for his contribution to CHA. Lorin's current position was eliminated and will be revised to align with the key priority areas identified by the CHA leadership for hospital preparedness in the next 5 years. The new position will be announced in the next month and will be filled by July 1, 2016.

(2) None of the Council members present participated in the recent State All-Hazards Advisory Committee (SAHAC) meeting. This committee will now be meeting bimonthly instead of quarterly.

(3) Highlights of CDPHE update by Judy Yockey included the following:

- Due primarily to the full-scale exercise in 2017, the statewide meeting of regional EPR staff will be held in November 2016 and not in the spring of 2017.
- In conjunction with this November's EPR staff meeting, there is a proposal to have a work group review the following fiscal year's deliverable workplan and related data collection.
- CDPHE is in process of contracting with Chris Mitchell to train healthcare coalitions on the resource-ordering component for the 2017 full-scale exercise. Once the contract is in place, Chris will be contacting individual coalition leads using the Council contact list.
- Lisa Powell promoted inviting Amy Voth-Siebert to make her very informative Community Inclusion presentation in which she describes and demonstrates a mapping tool for identifying various demographics based primarily on the census taken every ten years. By knowing where there may be a prevailing type of population in any given area, representative stakeholders can then be invited to the emergency planning table. For more info, please visit <http://bit.ly/CICOMaps>.
- Although not specifically addressed at today's meeting, CDPHE's Office of Emergency Preparedness & Response would like to highlight healthcare coalitions in upcoming monthly newsletters. Please submit proposed input to editor Juliann Bertone at juliann.bertone@state.co.us
- For Judy's detailed report, please refer to Enclosure 2.

Functional Exercise Highlights

This agenda item generated the most engagement and, in the words of several participants, helped make today's Council meeting among the most productive to date.

Overarching lesson learned is that Public Health and emergency management need to understand the difference between a public health incident where local public health serves as incident command vs. an incident where local public health is serving in the role of ESF #8 lead. Therefore, public health needs more training on ICS in complex incidents, unified command, staffing the command structure, and the EOC serving in support of a public health incident, etc. Additional lessons reflect the need for improved communications cross disciplinarily and cross jurisdictionally, the need to streamline the resource-ordering process for health and medical items (process and forms), and the need to work with IMTs in Colorado to establish how they might support the response to a public health incident.

A related lesson learned is to have that key nurse serve as Operations Section Chief and not as IC; a non-medical person, even one from a neighboring jurisdiction could serve as IC in a public health incident.

Some jurisdictions noted that they had not received results from the CDPHE after-action survey in a timeframe that allowed them to draft an after-action report within the allotted 30 days following the exercise.

For exercise feedback comments, please refer to enclosure 3.

National Healthcare Disaster Certification

Lorin Schroeder solicited Item Writers, Standard Setting Panel members, and Field Testers for the American Nurses Credentialing Center. For more info, go to

<http://www.nursecredentialing.org/Certification/DisasterCertification> or to register go to <https://www.research.net/r/NHDC-volunteer>

4th Annual Healthcare Coalition Preparedness Conference in San Diego

Approximately twenty (20) Council and fellow coalition members from Colorado participated in this conference. Those present commented that the 4th Annual was more beneficial than the previous year. There was some reservation expressed as to whether the expense was worth the return since several of the same presentations were made at the NACCHO Preparedness Summit. Other presentations are simply organizations describing their respective roles regardless of relevance to healthcare coalition preparedness. Furthermore, the pre- and post-conference sessions entailed a further expense although several were quite beneficial. There was no discount for those who make presentations. For many, the most helpful aspect was the networking versus the session content, much of which was not healthcare coalition specific. There was consensus that the harbor setting was quite pleasant.

The following two specific items related to the national conference were discussed. First was the topic of Alternate Care Centers/Facilities. Sara briefly mentioned the regulatory circumstances under which these may be established and offered to share the Tri-County ACF plan. Secondly, given the role of dialysis in the healthcare coalition arena, there was a question as to whether to have a dialysis presentation at the next in-person Council meeting.

Colorado Emergency Management Association (CEMA) Conference

Karen kicked off this brief feedback session indicating how refreshing it was to be able to participate in the sessions and not have IMT duties as in the past two annual conferences. The discussion primarily revolved around the tracks which include Whole Community, Leadership, Best Practices, and Changing Conditions. Although not designated as an “integrated” conference as in the past two years, its key value lay in the integrated efforts of emergency management with public health. One recommendation offered at the Council meeting is to think of EPR’s as public health emergency managers; after all, hospitals have emergency managers, and counties certainly do; why not public health EPR’s since that is their primary lane. All are encouraged to cultivate close working relationships with both county emergency managers and regional EM field managers. Public health leaders are also encouraged to seek Colorado Emergency Management (CEM) certification and to enroll in the state’s EM Academy through their EM field manager. The EM Academy course entails Tue thru Thurs classes monthly, May through November.

Strategic Planning (continuation of Walk in the Woods)

Action items reached during the September in-person Council meeting were briefly revisited. The first category, leadership, had three items, all of which are in process. The second category, articulating value, is where we now have opportunity to focus, particularly since the functional exercise. The third category, providing support through educations, networking, information sharing, etc. is also a work in progress.

Now that we better appreciate the potential role and influence that the Council may serve statewide, it is important to be able to articulate this purpose. The next step in refining and implementing a Council strategy is to hold a retreat. In her Council advisory role, Deb French has requested funding to hire a consultant for a Healthcare Coalition Council strategic planning retreat. It is tentatively scheduled in conjunction with the next in-person meeting on 12-13 September in Summit County. Details will follow just as soon as they are confirmed. If you would like to assist with the planning and logistics of the retreat, please contact Deb at 720.330.6043 or deborah.french@cha.com.

New Council Officer Slate

All three Council officers announced that they will be stepping down effective at the September in-person meeting/strategy retreat and will not be candidates for reelection. Please be prepared to make nominations during the next Council meeting via teleconference.

Coalition Updates

Other than the functional exercise feedback, no further coalition updates were shared.

Healthcare Coalition Response Leadership Course

This brand new course is slated to be piloted in late summer or fall this year, and no course dates are yet available. There was interest not only in attending but in influencing the course content to accommodate mid-continent thinking and not just coastal hurricane scenarios. Russ will update us when course dates are announced and whether the course curriculum could be exported and brought to Colorado.

Action Items

	Action	Assigned to	Date for Completion
1	Draft PPT presentation which introduces healthcare coalitions to C-Suite executives	Deb French	Early June
2	Establish work group to help develop 2017-2018 deliverable work plan and related coalition data collection	Council Co-Leads	Agenda item for next mtg
3	Establish work group to address public health incident vs. ESF-8, EOC role in resource ordering, and most effective statewide process for doing so (EMResource vs. WebEOC)	Council Co-Leads	Agenda item for next mtg
4	Define IMT role for public health emergency	Council Co-Leads	Agenda item for next mtg
5	Plan an Alternate Care Facility (ACF) workshop	Council Co-Leads	Agenda item for next mtg

There being no further business, the meeting was adjourned at 2:55.

Enclosures:

- 1 – Attendees
- 2 – Judy Yockey's CDPHE report
- 3 – Functional Exercise Feedback

Enclosure 1 – Attendees (19)

LASST HCC – Claire Macpherson

Lincoln County HCC – Mark Morrison

Mesa County – Travis Dorr

Metro-Foothills HCC – Charles Smedly

Montelores HCC – Karen Dickson

San Luis Valley East – Linda Smith

San Luis Valley West – Emily Brown

South Central HCC – Lisa Powell, Janel McNair, & Russ Roux

South Region HCC – Jody Carrillo

Southeast HCC – Meredith Bradfield

Summit & Grand Counties – Abbie Cobb

Tri-County HCC – Sara Garrington

West Region – Bobbie Lucero

CDPHE – Judy Yockey & Greg Jones

CHA – Deb French

Guest – Lorin Schroeder

Enclosure 2 – Judy Yockey’s CDPHE Detailed Report

CDPHE-OEPR will be offering some of the below-listed suggested topics and trainings through the end of the current budget period which ends on June 30, 2016 as well as through the next budget period which begins July 1, 2016 and ends on June 30, 2017. Please feel free to contact the appropriate subject matter expert as these are ongoing unless otherwise noted. These are available free to our CDPHE-OEPR local stakeholders including local healthcare coalitions (HCC); some of these will be discussed and available at the upcoming April 27-28, 2016 regional staff/emergency preparedness coordinators meeting:

- **Community Inclusion** in Colorado maps trainings – Aimee Voth Siebert
- **Behavioral Health Trainings** through our Behavioral Health Team – Curt Drennen
- **Revised Board of Health (BOH) Implementation Plan** – Lyle Moore
- **EMSystems** – EMTrack, EMResource, EMTrack and eICS – Aubrey Kukral
- **CO.Train** – Kristen Campos
- **Colorado Notification System (CNS)** – Kristen Campos
- **Colorado Volunteer Mobilizer (CVM)** – Koral O’Brien
- **Full Scale Exercise (FSE) Trainings on SNS components** will be provided by Chris Mitchell specific to HCCs– Melanie Simons (slated for BP 5).
- **CO-Help** available to assist all local public health agencies during a local outbreak, etc. situational awareness for ongoing events and is manned by the Rocky Mountain Poison Control staff – Greg Stasinos
- **PIO Trainings** – Juliann Bertone
- **Full Scale Exercise** – Michael Bean and Greg Stasinos

Data Collection for budget period 4, which will end on June 30, 2016, will need to be completed by each existing HCC. I have shared this with Sara, Karen and Russ on what you all completed for BP 2, which ended on June 30, 2014. I am also confirming your data from BP 3, which ended on June 30, 2015 by Friday, March 18, 2016.

I need the council’s assistance on how best to collect this data as we have a new OEPR Program Evaluator who will begin in April.

Some of this information is HCC-based information; some is for Healthcare entities only and others are hospital/clinic-based questions.

This will greatly assist CDPHE and help ensure that local stakeholders are better represented in the national spotlight.

Healthcare Preparedness Summit/OEPR Regional Staff/EPR Coordinators Meeting: April 26, 27 and 28, 2016.

The Initial Planning Meeting (IPM) for the Full Scale Exercise will be conducted with OEPR Regional Staff / EPR Coordinators on Thursday afternoon, April 28. The Midterm and Final Planning meetings will occur at regional / coalition level during the upcoming fiscal year.

Funding Formulas and Work Plans for Budget Period 5 (July 1, 2016-June 30, 2017) are being finalized this month to ensure they are distributed on time to all our local stakeholders in their upcoming contractual documents for implementation by July 1, 2017. These will also be presented to our PHMAC (Public Health and Medical Advisory Committee) on Thursday, April 7, 2015 which is represented by the co-leads of the Colorado HCC Council and CHA.

Enclosure 3 – Functional Exercise Feedback

Representatives from each of the nine regions offered the following non-attributive comments which are organized into three categories:

A. Strengths

- Made good use of periodic status reports thus helping keep all stakeholders with a common operating picture
- Good public health-hospital coordination
- Operate well within jurisdiction
- Used this exercise to test the inventory management system
- Identified strength with disease containment
- One of our smallest counties not only had excellent stakeholder participation, but fulfilled their roles very well
- Successfully exercised cross-border communications with neighboring county in Utah
- Placed public health 800 MHz radio cache with EOC for maintaining prior to functional exercise; thus they were both available and ready for use on correct channels at no additional expense to public health
- Used redundant means of communications – fax & text messaging – when internet (and email) outage occurred just prior to start of exercise

B. Weaknesses

- Experienced some confusion with interface of EMResource (primarily used by hospitals) and WebEOC (primarily used by emergency managers)
- Experienced resource ordering challenges
- Experienced Incident Command-EOC interface challenges
- No experience with unified command when public health is incident commander
- First time in recent memory that EOC was used or activated
- Space constrained in EOC
- First time that health department operations center (DOC) was operational
- Communications between EOC and DOC were not functional
- DOC was waiting for operational instructions from EOC while the latter was waiting for assistance requests from DOC
- One of our counties went directly to state with everything rather than communicate within region or with neighboring jurisdictions
- Identified gaps in inter-hospital communication, even when sitting at the same table
- Although we trained on eICS, it was not productively used
- Need to improve outreach between and among coalition partners
- No communications among county player cells – each one operated in its own silo
- Player briefings prior to and at time of exercise needed because few carefully read exercise documents provided
- Diagnosis was not communicated to regional epidemiologist
- Sheriff ordered county jail shut down but failed to inform county partners including EOC. Unable to reach hospital bed capacity and implement medical surge objective tasks
- Timing of neighboring county emergency declarations was noted during hotwash

- Failed to ensure that nearest regional communications-dispatch center was aware of mutual aid channel use for training exercise (even though this was coordinated with state)
- Unaware that using military assets – either federal or state – entails specific authority
- Numerous issues with public info officers such as lack of preparedness, PIO was no-show, misunderstood dissemination of public service announcements (exercise = practice), PIO plan needs refinement, absence of joint info center plan, etc.
- This was the emergency manager's first day on the job
- Too many folks trying to wear too many hats; need to carefully scope or narrow individual duties during such an incident

C. Exercise Design

- Include master exercise practitioners when designing training exercises
- Recommend that upcoming full-scale focus has a narrow front
- Limited exercise focus to inventory management, EOC coordination, and information sharing
- Tailoring and limiting number of injects helped to enable stakeholder discussion and responses
- Too many injects and too complex for such a short duration
- Flexibility with scenario was helpful
- Would benefit from determining how to feasibly (and effectively) coordinate hospital, public health, and EOC resource ordering
- 800 MHz radios essential should internet (email) or power (cell towers) failures occur